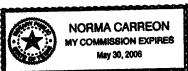
Texas Es ics Commis	sion P.O.Box 12070 Austin, Texas 78711-2070	(512)463-5800 <b>1-800-32</b> 5-85
	ATE/OFFICEHOLDER GN FINANCE REPORT	FORM C/OH COVER SHEET PG 1
The C/OH INSTRU	CTION GUIDE explains how to complete (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDE NAME	R MR. MAXIMINIO D	OFFICE USE ONLY
	NICKNAME LAST SUFFIX	Date Received
4 CANDIDATE/ OFFICEHOLDEI MAILING ADDRESS	MUNIOZ  ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE  1413 WYOMING AU . ELPASO, TX 7990	Date Hand-delivered or Date Postmerked
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER EXTENSION	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI MR. EDUARDO  NICKNAME LAST SUFFIX	A Receipt # Amount  Date Processed  Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or busines	STREET ADDRESS (NO PO BOX PLEASE): APT/SUITE #; CITY; STATE; 5608 SAPINAS RD. ELPASO TX 79	zip cone 193み
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (915) 584-7624	
9 REPORTTYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)
10 PERIOD COVERED	July 15 Sth day before election Exceeded \$500 limit  Month Day Year Month Day  THROUGH	Year
11 ELECTION	ELECTION DATE Month Day Year  05 / 07 / 05 Primary Runoff	General Special
12 OFFICE	OFFICE HELD (If any)  13 OFFICE SOUGHT (If know  Manying Coury has a  Manying Coury has a  Manying Cours has a	Coury Judge
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<ul> <li>Direct campaign expenditures are campaign expenditures made by others without the car Candidates are required to disclose this information only if they receive notification of the direction</li> <li>Name</li> </ul>	
additional pages	Address / PO Box; Apt. / Suite #; City; State; Zip Code	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER	REPORT:
SUPPORT & TOTALS	

FORM C/OH COVER SHEET PG 2

15 C/OH NAME			16ACCOUNT # (Ethics Commission Siers)
MO MA	OMMER	D. MUNOZ	• • • • • • • • • • • • • • • • • • •
17 NOTICE FROM POLITICAL	This box is for no	otice of political expenditures by political committees to support the candide without the candidate's or officeholder's knowledge or consent. Candidate if they receive notice of such expenditures.	ate / officeholder. These expenditures es and officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		er filosofie Proprieta de la composição de Proprieta de la composição
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
	. • • •		
	•	COMMITTEE CAMPAIGN TREASURER ADDRESS	
8 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 335 00
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 335°° \$ 5422°°
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 575700
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 575700
OUTSTANDING LOANTOTALS	6. TOTAL P LAST DA	RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE Y OF THE REPORTING PERIOD	\$
AFFIDAVIT	LAST DA	swear, or affirm, under penalty of pe	rjury, that the accompanying report



me under Title 15, Election Code.

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said May Daniel Muno2	his the	8	day	
of April 20 0 5 , to certify which, witness my hand and seal of office.				

Printed name of officer administering oath

Secretar Title of officer administering of the

Texas Ethics C	Commission P.O. Box 12070 Aus	tin, Texas 78711-2070	(512) 4	63-5800 <u>1-800-325-8</u>
	TICAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	NS		SCHEDULE A
The instruc	TION GUIDE explains how to complete this form.	1 T	otal pages Sch	edule A:
2 FILER NAI	EDVARDO PARRA.	3 A	CCOUN!# (E	thics Commission filers)
4 Date 3/06/05	5 Full name of contributorout-of-state PAC (ID#	cont	mount of ribution (\$)	8 in-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 617 LARAMIE RIVER ELPASO, TX79932		000	
9 Principal occ	upation / Job title (See Instructions)	10 Employer (See Instruction	ns)	
Date	Full name of contributor out-of-state PAC (ID#_	contr	neunt of ibution (\$)	In-kind contribution description (if applicable)
3/06/05	648 BUFF CANYON BZ JASO TX 19912	1	0 00	
Principal occ.	upation / Job title (See instructions)	Employer (See Instruction	ıs)	
Date	Full name of contributor   out-of-state PAC (ID#_  ESTELA N NUNOZ  Contributor address; City, State; Zip Code		nount of bution (\$)	In-kind contribution description (If applicable)
3/06103	6024 CABLICO EL PASO TX 79912	10	100	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	s)	
Date	Full name of contributor out-of-state PAC (ID#: CUNTON F CROSS		ount of pution (\$)	in-kind contribution description (if applicable)
3/0610s	Contributor address; City; State; Zip Code 500 THINDERBILD NOT BL PASD, TX 79912	9 2	100	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	;)	
Date	Full name of contributor   out-of-state PAG (ID#:		ount of oution (\$)	in-kind contribution description (f ápplicable)
3/06/05	Contributor address; City; State; Zip Code 9350 OYER 37. CL PASO TX 79924	2	000	

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Employer (See Instructions)

					• .		
Texas Ethics Co	mmission	P.O. Box 12070	Austin, Tex	as 78711-2070	(512) 46	63-5800	1-800-325-850
POLITI	CAL CONT	RIBUTIONS EDGES OR L		· i · ,			HEDULE A
The Instruction	on Guide explains how	v to complete this form			1 Total pages Sch	edule A:	
2 FILER NAM	E EDUARDO	PAREA		-	3 ACCOUNT#(E	thics Commi <b>ssi</b> on	fliera)
4 Date	5 Full name of con	,	•		7 Amount of contribution (\$)	. •	d contribution on (If applicable)
3/01/03	6 Contributor addr	HERUANUE ess; City, State; 2 AXCO D, TX 79915	Zip Code		50°°		
9 Principal occu	pation / Job title (See li	<del></del>	10 E	mployer (See Inst	ructions)		
2/07/05	Full name of cont	ributor   out-of-state F	•		Amount of contribution (\$)		t contribution on (if applicable)
	Contributor address 4615 BO EL PASO,	NOS CT.	ip Code	·	5000		
Principal occup	oation / Job title (See In	structions)	Er	nployer (See Instr	ructions)		
Date 3/00/00	Full name of contract Hugo B	• , —	AC (ID#:		Amount of contribution (\$)		contribution n (if applicable)
3/06/0	Contributor address 5737 SA		p Code		5000		
Principal occup	ation / Job title (See In		En	ployer (See Instr	uctions)		
3/06/05	Contributor addres	ARAGIONI s; City: State: Zir		)	Amount of contribution (\$)		contribution n (if applicable)
	213 404 EZ PAS	0, TX 7991	ر ا				
Principal occupa	ation / Job title (See Ins	tructions)	Em	ployer (See Instr	uctions)		

Date Full name of contributor \_\_\_\_\_\_ out-of-state PAO (ID#:\_\_\_\_\_\_\_\_) Amount of contribution (\$) in-kind contribution description (If applicable)

| Amount of contribution (\$) in-kind contribution description (If applicable)
| Contributor address; City; State; Zip Code | 8811 ALAMEDA AV

Employer (See Instructions)

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Texas Ethics Commission P.O. Box 12070 Au	stin, Texas 78711-207	70 (512).4	63-5800 1-800-32 <b>5-</b> 8
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOA	NS		SCHEDULE'A
The INSTRUCTION GUIDE explains how to complete this form.		The state of the s	iodulo A:
2 FILER NAME EDVARDO PARRA		3 ACCOUNT	
Date 5 Full name of contributorcut-of-state PAC (ID)		7 Amount of contribution (\$)	8 in-kind combibution description (f applicable)
4/01/05 6 Contributor address; City; State; Zip Cod 3/0 N ME3A SUITE 212 EL JA30, 12 79901		10000	
Principal occupation / Job title (See Instructions)	10 Employer (See Ins	rtructions)	
Date Full name of contributorout-of-state PAC (ID#:		Amount of contribution (5)	in-kind contribution description (if applicable)
4/01/05 Contributor address; City; State; Zip Code		20000	A Section 1998
Principal occupation / Job title (See Instructions)	Employer (See inst	ructions)	in the many that the
Date Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	in-kind contribution description (if applicable)
4/01/05 Contributor address; City; State; Zip Code		30000	
Principal occupation / Job title (See Instructions)	Employer (See Instr	uctions)	
Date Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	in-kind contribution description (if applicable)
Contributor address; City; State; Zip Code		10000	
Principal occupation / Job title (See Instructions)	Employer (See Instru	ıctions)	
Date Full name of contributor out-of-state PAG (ID#:		Amount of contribution (\$)	In-kind contribution description (f applicable)
(U/U) Contributor address; City; State; Zip Code		10000	The Company of the Co

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Employer (See Instructions)

	P.O. Box 12070 Aus CAL CONTRIBUTIONS R THAN PLEDGES OR LOAN	tin, Texas 78711-207	0 (512) 46	53-5800 1-800-325-85 SCHEDULE <b>A</b>
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Sch	edule A:
2 FILER NAM	E OVARDO PARRA.	_	3 ACCOUNT# (EI	hics Commission fliers)
4 Date 4/01/05	5 Full name of contributor Out-of-state PAC (ID#: PATRICIA BORKERS) 6 Contributor address; City; State; Zip Code 3034 PORT BLUD EL PA30 127993 0		7 Amount of contribution (\$)	8 in-kind contribution description (if applicable)
Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	tructions)	
101/0s	Full name of contributor   out-of-state PAC (ID#:  JOHN OR LIUA MUNDI  Contributor address; City; State; Zip Code  6012 PINO REAC  EL PASO, TX 19912	<u>.</u>	Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occup	ation / Job title (See Instructions)	Employer (See Inst	ructions)	
1/01/05	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	in-kind contribution description (If applicable)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instr	uctions)	
1/01/05	Full name of contributor   out-of-state PAC (ID#:_  STANTON & ANT CUTY  Contributor address; City; State; Zip Code  53-1 TERAS AUR  EZ PASO TR 7990	pc	Amount of contribution (\$)	in-kind contribution description (If applicable)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instr	uctions)	
Date #/01/05	Full name of contributor out-of-state PAG (ID#:		Amount of contribution (\$)	In-kind contribution description (If applicable)
Principal occupat	ion / Job title (See Instructions)	Employer (See Instru	ictions)	

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Texas Ethics C	ommission P.O. Box 12070 Au	stin, Texas 78711-20	70 (512) 46	63-5800 1 <b>-800-325-85</b> 0
I .	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The Instruct	ION GUIDE explains how to complete this form.	:	1 Total pages Sch	edule A:
2 FILER NAM	TE CUARDO PARRA	_	3 ACCOUNT#(EI	hics Commission fliers)
4 Date 4/01/05	5 Full name of contributor out-of-state PAC (ID  R. &L AVTO COLLSON)  6 Contributor address; City; State; Zip Cox  2 10015 CALVECIE ME		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occu	EL PASO TX 799 25  pation/Job title (See Instructions)	10 Employer (See In		
g i ilitapar,occa	paroni, oob uue (Gee may ucuona)	10 Employer (See in	isti uctionis)	
Date /	Full name of contributor Out-of-state FAC (ID#		Amount of contribution (\$)	in-kind contribution description (if applicable)
4/01/05	Contributor address; City; State; Zip Code 109 N. OFEGON 5TE. 11 B. FA30, TX 79901	• //9	10000	
Principal occuj	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable)
માબાહ્ય	201 RINGRS108 EL PASO, TX 79915	·	20000	
Principal occup	ation /Job title (See Instructions)	Employer (See Ins	tructions)	
A101/05	Full name of contributor out-of-state PAC (ID#:  RICARDO GONZA/BZ  Contributor address; City; State; Zip Code  2735 FBDEKAC AUB		Amount of contribution (\$)	in-kind contribution description (if applicable)
٠.	EL PASO, TX 79930		100	
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst	ructions)	
Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (If applicable)
41414	705 COEUR O'ALONE EZ PASO, 12 79922		130-	
Principal occupa	tion / Job title (See Instructions)	Employer (See Instr	ructions)	

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	COMMISSION P.O. BOX 12070 Aust  TICAL CONTRIBUTIONS  R THAN PLEDGES OR LOAN		9463-5800 1-800-325-8 SCHEDULE A
The Instruct	TION GUIDE explains how to complete this form.	1 Total pages	Schedule A:
2 FILER NAM	ME EDVAROO PARRA	3 ACCOUNT#	(Ethics Commission filers)
4 Date 4101/05	5 Full name of contributorout-of-state PAC (ID#:_ RUDY PEREZ 6 Contributor address; City; State; Zip Code 1981 PASED COLINA EL PASIO TX 79936	contribution (S	
Principal occi	upation / Job title (See Instructions)	10 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#_  ROBERT CUSHIN JL    Contributor address; City; State; Zip Code  3535 RICHNONO AUE	Amount of contribution (\$	In-kind contribution description (if applicable)
	BZ PASO TX79930	2000	
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (ID#:  RAR AND COLLS ON	Amount of contribution (\$)	In-kind contribution description (if applicable)
tlollos	RAR AND COLLISON  Contributor address; City; State; Zip Code  10015 CARNEGIE  ELPASO TX79925	10000	
Principal occup	petion / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributorout-of-state PAC (ID#:  THERESA CABALLERO	) Amount of contribution (\$)	in-kind contribution description (if applicable)
1/01/05	THERESA CABALLERO  Contributor address; City; State; Zip Code  2726 RICHMONIO AVE  EL PASO, TX 79930	15000	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions)	
Pate Hollo5	Full name of contributor out-of-state PAG (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
			· · · · · · · · · · · · · · · · · · ·

Texas Ethics Co	mmission P.O. Box 12070 Aus	tin, Texas 78711-2070	(512) 4	63-5800 1-800-325-850
<b>§</b>	CAL CONTRIBUTIONS RTHAN PLEDGES OR LOAN	NS		SCHEDULE A
The Instruction	ON GUIDE explains how to complete this form.		1 Total pages Sch	edule A:
2 FILER NAMI	E DUARDO PARRA.	_	3 ACCOUNT# (E	thics Commission filers)
4 Date 4/01/05	5 Full name of contributor out-of-state PAC (ID#:  MOISES FLORES  6 Contributor address; City; State; Zip Code  P. O. BOX GOIQ  EL PASO TX 79906	1	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See Instr	ructions)	
Date	Full name of contributor out-of-state PAC (ID#:_ PATRICK M. CARLEA		Amount of contribution (\$)	in-kind contribution description (if applicable)
4loilos	Contributor address; City; State; Zip Code  1/22 MONTANA  EL PASO TX 79902		10000	
Principal occup	ation / Job title (See Instructions)	Employer (See Instru	uctions)	
Aloilos	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	in-kind contribution description (If applicable)
Principal occupe	ation /Job title (See Instructions)	Employer (See Instru	ictions)	
Aloilos	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	in-kind contribution description (if applicable)
Principal occupat	EL HASO TX 79905 tion / Job title (See Instructions)	Employer (See Instruc	ctions)	
Pate 4/01/05	Full name of contributor out-of-state PAO (ID#:		Amount of ontribution (\$)	in-kind contribution description (If applicable)
Principal occupati	on / Job title (See Instructions)	Employer (See Instruc	tions)	

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Texas Ethics Co	ommission P.O. Box 12070 Au	stin, Texas 78711-207	70 (512) 46	63-5800 1- <b>800-325-850</b>
i	ICAL CONTRIBUTIONS R THAN PLEDGES OR LOA	NS		SCHEDULE A
The INSTRUCT	ION GUIDE explains how to complete this form.	· · · · · · · · · · · · · · · · · · ·	1 Total pages Sch	edule A:
2 FILER NAM	E EDVARDO PARRA		3 ACCOUNT#(E	hica Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID)		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/01/05	GARY ABOUD  6 Contributor address; City, State; Zip Cod  400 E. OUEKLAND  EL PASO TR 79901	· ·	10000	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
Date	Full name of contributor Out-of-state PAC (ID#)  DANIEL SALUADOR.	1	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/01/05	DANIEL SALUADOR. Contributor address; City; State; Zip Code 13/16 MONTANA	<b>9</b>	10000	
Principal occuj	EZ PASO TX 19902 pation / Job title (See Instructions)	Employer (See Ins	tructions)	
Date C	Full name of contributor   out-of-state PAC (ID#:  JESUS HERLERA		Amount of contribution (\$)	In-kind contribution description (if applicable)
4101105	JESUS HERLERA  Contributor address; City; State; Zip Code  6021 PALO ALTO		10000	
Principal occup	EZ PASO TX799/2 ation / Job title (See Instructions)	Employer (See Inst	tructions)	
Date /	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	in-kind contribution description (if applicable)
4/01/05	Contributor address; City; State; Zip Code  / DO2 MAG OFFIN	·	10000	
Principal occupa	EC PASO TX 7990/ ation/Job title (See Instructions)	Employer (See Instr	ructions)	
Date #01/05	Full name of contributor out-of-state PAG (ID#:_  JAIME GANDALA  Contributor address; City; State; Zip Code  570 E. PAISANO  EL PA30, 7879901		Amount of contribution (\$)	In-kind contribution description (if applicable)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instr	ructions)	

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Tana Salan Osan		•			
POLITICAL CONTONTION OTHER THAN PL	TRIBUTIONS	stin, Texas 78711-20	<u>070 (512) 4</u>	63-5800 1-800-325-850 SCHEDULE A	
The Instruction Guide explains how to complete this form.  2 FILER NAME  E DUARDO PARRA			1 Total pages Schedule A; 3 ACCOUNT# (Ethics Commission filers)		
4/0//05 6 Contributor add P. O. B.	The ABRAHAM.  Tress; City; State; Zip Cod  DX 5 13312	·	50000		
9 Principal occupation / Job title (See	Instructions)	10 Employer (See in	 nstructions)		
	e BOYAKI		Amount of contribution (\$)	in-kind contribution description (if applicable)	
1	ess; City; State; Zip Code まれいいり T又 79903		2000		
Principal occupation / Job title (See I		Employer (See In	structions)		
Date Full name of conf	ributor out-of-state PAC (ID#: 5 \$ \$ A CAS) sss; City; State; Zip Code		Amount of contribution (\$)	in-kind contribution description (if applicable)	
1500 NE	iss; City, State; Zip Code  ONLTANA  7879902		25000		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)			
Date Full name of contr			Amount of contribution (\$)	In-kind contribution description (if applicable)	
401/05   Contributor address   14/8 MO	MITANIA		20000		
Principal occupation / Job title (See Instructions)		Employer (See Inst	ructions)		
	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable)	
Contributor address 1200 Monte EL PASO,	TANA		10000		

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Employer (See Instructions)

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.  2 FILER NAME			1 Total pages Schedule A: 3 ACCOUNT# (Ethics Commission filers)	
Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable
	6 Contributor address; City; State; Zip Code	· · · · · · · · · · · · · · · · · · ·		
Principal occi	upation / Job title (See Instructions)	10 Employer (See I	nstructions)	
Date	Full name of contributor		Amount of contribution (\$)	In-kind contribution description (If applicable
			CONTRIBUTION (4)	
	Contributor address; City; State; Zip Code		r ljeg jibede e Ne sjel	and the state of t
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:	-	Amount of contribution (\$)	in-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code			
,		1		
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor		Amount of contribution (\$)	in-kind contribution description (if applicable)
	0.01		(*)	
	Contributor address; City, State; Zip Code	-		
Principal occup	ation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor Out-of-state PAC (ID#	)	Amount of contribution (\$)	in-kind contribution description (if applicable)
ŀ	Contributor address; City; State; Zip Code		•	
			tructions)	

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